

**WISCONSIN MEDICAID**  
**SPECIALIZED MEDICAL VEHICLE DRIVER INFORMATION CHART COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires information to enable Medicaid to certify providers and to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for services.

Provision of the information requested on this form is mandatory. However, the use of this version of the form is voluntary, and providers may develop their own form as long as it includes all the information on this form.

**INSTRUCTIONS**

1. Type or print clearly.
2. For each driver, attach to this form a copy of the current first aid card verifying completion of a basic Red Cross first aid course or its equivalent. The date of the training must be within 36 months of when Wisconsin Medicaid receives this correctly completed form and the effective date of the driver's certification or recertification.
3. For each driver, attach to this form a copy of the cardiopulmonary resuscitation (CPR) card verifying completion of CPR training. The CPR certification must be current when Wisconsin Medicaid receives this correctly completed form and the effective date of the driver's certification or recertification.
4. Wisconsin Medicaid will accept a copy of health care licenses (such as emergency medical technician, registered nurse, nurse practitioner, or physician assistant) as verification of first aid and CPR training if the license is accompanied by dated verification of recent continuing education that includes first aid and CPR instruction.
5. If either the first aid or CPR card does not include the training date, providers are required to attach a signed letter from the instructor, or the instructor's agency, that verifies the training date.
6. In the box marked "Type," fill in "R" for a regular driver's license or a "C" for a commercial license.
7. Providers should retain a copy of this completed form in their records for five years. The form must be updated any time there is a change in drivers.
8. For more information on specialized medical vehicle documentation, contact Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883.